



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



BRIAN WHISTON
STATE SUPERINTENDENT

COUNTY LIBRARY REIMBURSABLE SALARY CERTIFICATION

Date: _____

TO: Kathy Webb

FROM: _____ County Library

THIS IS TO CERIFY THAT _____ was employed as head
Librarian's Name

Librarian of the _____ County Library during
Library Name

_____ months, and or _____ weeks previous to _____

(6th December, March or June, & Sept. year) and was paid salary in the amount

\$ _____ for the period of _____ to
Actual Beginning Date

_____.
Actual Ending Date

LIBRARY BOARD MEMBER
Or
AUTHORIZED AGENT:

Signature

Title (Print or type)

THIS CERTIFICATION IS SUBMITTED, as required, on or before

☐

6 September

☐

6 December

☐

6 March

☐

6 June

Fax (517) 373-5700

Phone: (517) 373-1303 webbk1@michigan.gov

LIBRARY OF MICHIGAN

702 WEST KALAMAZOO STREET • P.O. BOX 30007 • LANSING, MICHIGAN 48909
www.michigan.gov/libraryofmichigan • (517) 373-1580